

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF

**Notice of Rights for
Emergency Protective
Placement**

Case No. _____

Date of Birth _____

I am the ☐ director ☐ designee of the facility in which the subject is detained.

You have been detained for emergency protective placement. A copy of the Statement of Emergency Protective Placement is attached.

You are notified that you have the following rights:

- To contact an attorney.
- To have an attorney provided at public expense, if you are a child or if you are indigent.
- To contact a member of your immediate family.

You will be notified of the time and place of hearing to establish probable cause for protective placement. This hearing must be held within 72 hours of your detention, excluding Saturdays, Sundays and legal holidays.

I am providing you with this Notice of Rights both orally and in writing on (date) _____ at (time) _____ ☐ a.m. ☐ p.m.

Signature of Director of Facility or Designee	Name of Facility
Name Printed or Typed	Telephone Number